

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 785Township BonhommPrimary Registration District No. 3037City Kirkwood (No. 438 W. Essex)File No. 2920Registered No. 6St. Kirkwood Ward)

2. FULL NAME

Charles Ohmed Marvin(a) Residence, No. 438 W. Essex St. Kirkwood Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Louise Marvin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 18887. AGE YEARS 48 MONTHS 10 DAYS 23 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. yard operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1210. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)13. NAME Wm H. Marvin14. BIRTHPLACE (CITY OR TOWN) Ills. (STATE OR COUNTRY)15. MAIDEN NAME Mary Jane Frame16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)17. INFORMANT Emma Louise Marvin (ADDRESS) 438 W. Essex

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wells Hill DATE Jan. 14 193719. UNDERTAKER Louis H. Papp (ADDRESS) Kirkwood Mo20. FILED 1-12-1937 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 193722. I HEREBY CERTIFY That I attended deceased from Aug. 14 1936 to Jan. 11 1937I last saw him alive on Jan. 10 1937. Death is saidto have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis; pneumonia Date of onset

Other contributory causes of importance:

Hypertensive PneumoniaName of operation Abdominal Date of Jan 11 1937What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Hanson M. D.(Address) 243 West Jefferson Ave. Kirkwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7264

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1. PLACE OF DEATH

County St. Louis

Registration District No. 785

File No. _____

Township _____

Primary Registration District No. 3037

Registered No. _____

City Kirkwood (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than day, or min.

48

10

23

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

19.

19. UNDERTAKER (ADDRESS)

20. FILED

4-5-37

19.

Agnes C. Kelly

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 11 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

General Carcinoma

Date of onset _____

Since Dr. Hanson is deceased I write Mrs. Marvin. She states it was Metastatic Carcinoma of the Liver.

Other contributory causes of importance:

Origin of which is unknown. But x-ray pathological examination of the tumor failed to disclose it.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Henry Hanson, M. D.

(Address) 2431 West 1st Ave

Kirkwood Mo

2920